UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	LEGISLATIVE RESOURCE CENTER 1 of 4							
Period covered: January 1, 2009 - 5-09. 2000	For use by candidates and new employees								
	ne Telephone: 515. 710- 248/	U.S. HOUSE OF REPRESENTATIVES MAY 1 1 2010 (Office Use Only)							
Filer Status Candidate for the House of Representatives District:	of Check if Amendment	A \$200 penalty shall be assessed against anybody who files more than 30 days late.							
In all sections, please type or print clearly in black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THE	SE QUESTIONS								
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No	IV. Did you hold any reportable positions on or to filling in the current calendar year or in the prior if yes, complete and attach Schedule IV.	before the date or two years? Yes No							
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No if yes, complete and attach Schedule II.	V. Did you have any reportable agreement or ar with an outside entity? If yes, complete and attach Schedule V.	rangement Yes No							
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. No	VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from Yes No No							
Each question in this part must be answered and the	appropriate schedule attached for	each "Yes" response.							
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION — ANSWER EACH (OF THESE QUESTIONS							
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on St need not be disclosed. Have you excluded from this report details of such a trust bene page 8.)									
EXEMPTION —Have you excluded from this report any other assets, "unearned" inco because they meet all three tests for exemption? Do not answer "yes" unless you have Conduct.									

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Sauls 8. Funce Page 2 of 4

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)		Туре	Amount							
	Taliford (molado dato ol rosospetiol monoraria)	Туре	Current Year to Filing	Preceding Year						
	XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450						
xamples:	First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200						
·	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Honorarium	0	\$1,000						
	Harris County, Texas Public Schools	Spouse Salary	NA	NA						
Non.	14W55T AIRUNSS, ST. PARL, AN	570CR	ø	18,517						
VOA TA	1855 APRINGS, 57 MAL, 4D	ASTINGUEST MX.	32105.00	77,535						
555/	VOINGS ANTA COMMUNITY COLL ANASNY IN	SPOUCES SMMY	N/A	NA						
Port .	OF ALBASAUT NALL IOWA	SALMAY	ø	157.00						
NERC	y Magricus Coura	Shourds Aurry	N/A	NA						
NG	APLUNY, DSS MONES, Jour	IM Mornows	NA	58396						
115 0	JA. DI AGAILUCEUS	FAME MYMANS		121.00						
VOAK.	MANS COMMENTION, NWA INC, ST. PACE, MA	DISABILITY SETTERE	. \$203, 451. ws	63,752						
			••	· .						

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. A B C D E F G H

BLOCK B

Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.

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BLOCK D

Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.

For retirement plans that are not self-directed, name the institution holding the account and												lncom			С	urre	ent Y	'ear				Pr	ece	din	g Ye	ear	
its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.												ip Income or Farm	1		M N	V	VI VI	I VIII	x x	ΧI	l li	Ш	IV V	VI	VII VII	I IX X	ΧI
Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs.		\$1,001 – \$15,000 \$15,001 – \$50,000	\$50,001 – \$100,000 \$100.001 – \$250.000	1 - \$500,000	1 - \$1,000,000 001 - \$5,000,000	· ·	0ver \$50,000,000	. 00	IDS	18	CAPITAL GAINS	pe of Income or Example, Partnersh		0	1,000 \$2,500	\$5,000	\$15,000 - \$50,000	-\$100,000	- \$1,000,000 11 - \$5,000,000	000'00		\$1,000	- \$5,000	\$15,000	\$50,000 \$100,000	- \$1,000,000 1 - \$5,000,000	70,000
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	None	\$1,001 -	\$50,001	\$250,001 - (\$500,001	\$5,000,001	Over \$5(NONE	RENT	INTEREST	CAPITAL	Other Type (Specify: For	Nane	\$1 \$200	\$201 - \$1,000 \$1,001 - \$2,50	1	\$5,001 \$ \$15,001	\$50,001 - (\$1,000,001	Over \$5,000,	\$1 - \$200	\$201 - \$1	\$2,501 - 8	133370		\$1,000,001	Over 455,000,000
SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster		Indefin	X					Х							X	100000						X					$\frac{1}{2}$
JT 1st Bank of Paducah, KY accounts			X			 	-		X			Royalties				X							X				
TI Find Mous			L						*			FAME 100045			e							e	X				1
of RENTAL INCOMESTORS				1					1			FAM		Ł				•				1			-		1
1/11/5-4385- Amonos			Ł					4		•	¥					٤									2		

SCHEDULE III - LIABILITIES

Name DAVIN S. FUNK

Page 3 of 4

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

			T					Liability		
SP, DC, JT	Creditor	Type of Liability	10,001— 15,000 W	\$15,001— \$50,000 O	\$50,001— \$100,000 ©	\$100,001— \$250,000 TI	F	\$1,000,000 \$1,000,000,000 \$5,000,000	1	\$25,000,000 C. \$50,000,000 N Over \$50,000,000 N
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.	69 6 4	69.69	<i>₩</i> 69	₩ ₩ ₩	123 25 E	6 6 6 6	\$ \$	88 8
DC 51	VISA & MASTER CUM			&						
ジケ	WALS FINANCIAL FEEL, FAGAN, MN	MONTONS ON / MANNOWS, It, 50-57	93 11	l l			P			
85	AWAKAN BANK, MORGOT CHASS, 100	MONTHES AND SEG, PROMOT LANSTON		K						
T.	DAN WICIAMSON DANAS, IN	Consumer as France, BALLAS, In				R				

SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
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Aniswa	BLASON AND. CON, UC